

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): April 2, 2019

PIERIS PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

Nevada
(State or other jurisdiction of
incorporation)
255 State Street, 9th Floor
Boston, MA
(Address of principal executive offices)

001-37471
(Commission
File Number)

30-0784346
(IRS Employer
Identification No.)
02109
(Zip Code)

Registrant's telephone number, including area code: 857-246-8998

N/A
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01: Regulation FD Disclosure.

On April 2, 2019, Pieris Pharmaceuticals, Inc. presented preclinical data regarding PRS-342 at the 2019 American Association for Cancer Research Annual Meeting. The poster is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated by reference herein.

The information set forth under this “Item 7.01. Regulation FD Disclosure,” including Exhibit 99.1 attached hereto, shall not be deemed “filed” for any purpose, and shall not be deemed incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended, regardless of any general incorporation language in any such filing, except as shall be expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits.

99.1 [Conference Poster, Dated April 2, 2019.](#)

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PIERIS PHARMACEUTICALS, INC.

Dated: April 2, 2019

/s/ Allan Reine

Allan Reine

Chief Financial Officer

Background	PRS-342 reporter cell assay	Pharmacokinetic profile of PRS-342 in mice	PRS-342 leads to tumor-localized increase of in a humanized HCC xenograft model																																																	
<p>4-1BB (CD137) is a key costimulatory immunoreceptor and a highly promising therapeutic target in cancer. To overcome toxicity and efficacy limitations of current 4-1BB-targeting antibodies, we have developed 4-1BB Anticancer/tumor-targeting mAb bispecifics that activate T cells in a tumor localized fashion. We have previously reported on the generation and characterization of PRS-343, a clinical-stage 4-1BB/HER2 bispecific molecule, with regard to preclinical proof of concept and basic drug-like properties (1). Here, we describe the preclinical dataset for PRS-342, a 4-1BB/GPC3 bispecific based on the Anticancer technology. GPC3 is an oncogenic protein with high tumor selectivity and high expression in not only hepatocellular carcinomas, but also in a variety of other tumors with high medical need.</p> <p>Anticancer therapeutics are 18 kD proteins derived from human IgG1s. We utilized phage display to generate an Anticancer protein binding to 4-1BB with high affinity and specificity. The PRS-342 bispecific construct was generated by genetic fusion of the 4-1BB-specific Anticancer protein to a humanized high-affinity GPC3-targeting monoclonal antibody with an engineered IgG4 backbone.</p> <p>PRS-342 has excellent drug-like properties and can be produced with high yields. PRS-342 was designed to be stably dependent on tumor binding, which is necessary for clustering of 4-1BB, to elicit 4-1BB costimulation and T-cell activation. This was confirmed using different in vitro T-cell costimulation assays based on mixed culture of human T cells and GPC3-expressing tumor cell lines. These data further demonstrate the ability of PRS-342 to bind both targets simultaneously. PRS-342 was also evaluated for activity in a humanized HepG2 mouse xenograft model, with results supporting its differentiated MoA compared to relevant benchmark controls.</p>	<p>PRS-342 costimulated T cells in a Jurkat NF-κB reporter cell assay only in the presence of GPC3-positive tumor cell lines.</p> <table border="1"> <caption>Reporter activity in Jurkat NF-κB reporter cell assay</caption> <thead> <tr> <th>Cell Line</th> <th>PRS-342 (100 nM)</th> <th>α-4-1BB antibody (100 nM)</th> <th>α-GPC3 antibody (100 nM)</th> <th>Isotype control (100 nM)</th> </tr> </thead> <tbody> <tr> <td>HepG2</td> <td>9.38</td> <td>0.39</td> <td>0.37</td> <td>0.37</td> </tr> <tr> <td>Hep3B</td> <td>9.38</td> <td>0.39</td> <td>0.37</td> <td>0.37</td> </tr> <tr> <td>HepG2 (GPC3 negative)</td> <td>0.37</td> <td>0.37</td> <td>0.37</td> <td>0.37</td> </tr> <tr> <td>MKN45 (GPC3 negative)</td> <td>0.37</td> <td>0.37</td> <td>0.37</td> <td>0.37</td> </tr> </tbody> </table>	Cell Line	PRS-342 (100 nM)	α-4-1BB antibody (100 nM)	α-GPC3 antibody (100 nM)	Isotype control (100 nM)	HepG2	9.38	0.39	0.37	0.37	Hep3B	9.38	0.39	0.37	0.37	HepG2 (GPC3 negative)	0.37	0.37	0.37	0.37	MKN45 (GPC3 negative)	0.37	0.37	0.37	0.37	<p>Preliminary mouse PK was performed in male CD-1 mice to compare PRS-342 with an α-GPC3 antibody.</p> <p>PRS-342 has a typical antibody-like PK profile in mice comparable to the α-GPC3 antibody used as building block in the bispecific PRS-342 construct.</p>	<p>FFPE embedded xenograft tumors were analyzed histologically (HE) and immunohistochemically (IHC) for T-cell infiltration.</p> <p>Tumor IHC staining for human CD3, CD4 and CD8 shows a dose-dependent increase in the frequency of human tumor-associated T cells (TILs) for PRS-342 vs co-suggesting tumor-localized T-cell activation.</p> <table border="1"> <caption>% TIL frequency (CD3, CD4 and CD8 by IHC) (necrotic areas are excluded)</caption> <thead> <tr> <th>Interventional T-cell infiltration</th> <th>% TILs of total tumor area, necrotic</th> <th>% TILs of total tumor area, non-necrotic</th> </tr> </thead> <tbody> <tr> <td>Vehicle control</td> <td>0.9</td> <td>0.7</td> </tr> <tr> <td>PRS-342 (0.3 µM)</td> <td>6.2</td> <td>4.7</td> </tr> <tr> <td>PRS-342 (3 µM)</td> <td>4.1</td> <td>2.3</td> </tr> <tr> <td>PRS-342 (30 µM)</td> <td>20.3</td> <td>4.8</td> </tr> <tr> <td>α-GPC3 antibody (0.3 µM)</td> <td>1.0</td> <td>1.9</td> </tr> <tr> <td>α-GPC3 antibody (3 µM)</td> <td>0.8</td> <td>0.6</td> </tr> <tr> <td>α-GPC3 antibody (30 µM)</td> <td>0.8</td> <td>0.7</td> </tr> </tbody> </table>	Interventional T-cell infiltration	% TILs of total tumor area, necrotic	% TILs of total tumor area, non-necrotic	Vehicle control	0.9	0.7	PRS-342 (0.3 µM)	6.2	4.7	PRS-342 (3 µM)	4.1	2.3	PRS-342 (30 µM)	20.3	4.8	α-GPC3 antibody (0.3 µM)	1.0	1.9	α-GPC3 antibody (3 µM)	0.8	0.6	α-GPC3 antibody (30 µM)	0.8	0.7
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<p>Concept: tumor-specific and tumor-localized costimulatory activation of T cells</p> <p>Concept of costimulatory T-cell engagement by PRS-342: Within a patient's tumor, tumor-specific T cells are engaged with tumor cells by the costimulatory, bispecific PRS-342, which simultaneously binds the tumor target GPC3 and the immune receptor 4-1BB. The resulting clustering of 4-1BB provides a local costimulatory signal to the T cell, further enhancing its T-cell receptor (TCR)-mediated activity and leading to tumor destruction. Toxic side effects are expected to be manageable, as PRS-342 does not induce clustering and activation of 4-1BB in the absence of target-positive cells, and healthy tissue is spared by tumor costimulated T cells due to the absence of a primary, TCR-mediated signal.</p>	<p>PRS-342 induces 4-1BB engagement and T-cell activation in a GPC3 dependent manner</p> <p>Pan T cells were cocultured with GPC3⁺ Hep-G2, Hep-G3 and MKN-45 cells and PRS-342.</p> <p>Supernatant concentrations were determined for IL-2.</p>	<p>PRS-342 leads to tumor growth inhibition in a humanized HCC xenograft model</p> <p>Immunocompromised mice (NOG) engrafted with GPC3-positive tumor cells (HepG2) were injected with human PBMC and treated weekly with PRS-342 at three dose levels.</p> <p>Control molecules were an α-GPC3 antibody (IgG4 variant) in equimolar doses, an α-4-1BB benchmark antibody in equimolar doses, and vehicle control.</p> <p>PRS-342 showed dose-dependent tumor growth inhibition (TGI) comparable to α-GPC3 antibody, indicating that TGI is dominated by GPC3 inhibition in this model.</p>																																																		
<p>PRS-342 design, target binding and activity in reporter and T-cell costimulation assay</p> <p>A Anti-4-1BB Anticancer Protein (Ac) </p> <p>B PRS-342 Design </p> <p>C PRS-342 Design (DNA) </p> <p>D SPR Affinity</p> <table border="1"> <thead> <tr> <th>Anticancer Protein</th> <th>Target</th> <th>K_d (nM)</th> <th>K_d (pM)</th> <th>IC₅₀ (nM)</th> </tr> </thead> <tbody> <tr> <td>Anti-4-1BB Anticancer Protein</td> <td>4-1BB</td> <td>0.0046</td> <td>1.0004</td> <td>4.1</td> </tr> <tr> <td>α-GPC3 antibody</td> <td>GPC3</td> <td>3.0046</td> <td>2.0004</td> <td>0.7</td> </tr> <tr> <td>PRS-342</td> <td>GPC3</td> <td>4.0046</td> <td>2.0004</td> <td>0.7</td> </tr> </tbody> </table> <p>E Binding ELISA</p>	Anticancer Protein	Target	K _d (nM)	K _d (pM)	IC ₅₀ (nM)	Anti-4-1BB Anticancer Protein	4-1BB	0.0046	1.0004	4.1	α-GPC3 antibody	GPC3	3.0046	2.0004	0.7	PRS-342	GPC3	4.0046	2.0004	0.7	<p>PRS-342 leads to dose dependent T-cell mediated cytotoxicity of GPC3 expressing tumor cells</p> <p>PRS-342 induced 4-1BB costimulation results in a dose-dependent, T-cell killing of GPC3 expressing tumor cells measured with an impedance based method.</p> <p>No increase of T-cell mediated killing was observed with equimolar doses of anti-GPC3 antibody, α-4-1BB antibody, anti-4-1BB antibody and isotype control.</p>	<p>Median tumor growth inhibition in a humanized HepG2 xenograft model</p> <p>Median TV over time, HepG2 tumor</p>																														
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<p>PRS-342 Design (A, B, C) and target binding (D, E, F) shows binding of the Fc-α-4-1BB Anticancer fusion with a K_d of 4 nM. The GPC3 arm binds with 0.7 nM to GPC3. On and off-rate kinetic binding constants for α-GPC3 antibody and PRS-342 are similar. (D) ELISA data demonstrate PRS-342 binds GPC3 with comparable behavior to the α-GPC3 parental antibody. In a dual binding ELISA setting PRS-342 (4-1BB/GPC3 bispecific), is capable of binding both targets simultaneously.</p>	<p>IL-2 induced by human Pan T cells costimulated by PRS-342 in the presence of GPC3-positive HepG2 and Hep-G3 cells in a coculture assay. No PRS-342 dependent activation was observed in presence of GPC3-negative MKN-45 cells. IL-2 levels in the culture supernatants were measured by an electrochemoluminescence (ECL) immunoassay.</p> <p>T-cell mediated cytotoxicity of GPC3 expressing HepG2 tumor cells was assessed using the xCELLigence RTCA HT system. Non-adherent CD8⁺ T cells were cocultured with HepG2 cells in presence of test constructs. 4-1BB costimulation of cytotoxic T cells results in an increased cytotoxicity of HepG2 cells which is measured over time.</p>	<p>(A) Immunocompromised female NOG mice carrying established HepG2 xenograft tumors were engrafted with 5 × 10⁶ fresh human PBMC, followed by weekly i.p. treatment with PRS-342, α-4-1BB benchmark antibody, α-GPC3 antibody or isotype control at 0.5 mg up to 20 mg/kg doses (i.p.) (Charles River). Mice (n=13 per group) remained on the study until spontaneous death or if ethical sacrifice was required, rest of median tumor growth.</p>																																																		

